

HSA Preventive Drug List

You Make the Choices, We Make it Easy

If your Benefit Summary indicates specific coverage for preventive drugs, the Preventive Drug List provides the drugs you can obtain under this benefit. Plans that have specific preventive drug benefits are generally:

- High Deductible Health Plans (HDHPs) or Health Savings Account (HSA) plans
- Employer plans that have purchased an HDHP/HSA plan OR
- Employer plans that have purchased a preventive drug enhancement

Blue Cross of Idaho covers the drugs on this list at the preventive drug cost-sharing amount found in your plan documents, and you do not need to have met your deductible when you get these prescriptions filled at an in-network pharmacy.

FOR OUR MEMBERS:

- Visit an in-network pharmacy to receive this benefit.
- Present your Blue Cross of Idaho member ID card to ensure you receive the complete benefit.
- You or your doctor may be asked to provide supporting documentation that the drug you are taking is being used for prevention.

FOR OUR HEALTHCARE PROVIDERS:

• Please prescribe preventive drugs from this list and allow generic substitutions when medically appropriate

NOTE: A drug's appearance on this list does not guarantee coverage. Not all drugs listed are covered by all prescription drug plans. Certain drug plans may cover additional drugs at a preventive benefit that are not listed below. Check your benefit materials for the specific drugs covered and the cost-share information for your prescription-drug benefit program. This list may not include all prescription drugs intended for preventive purposes. This list is periodically reviewed by clinical experts. Medications may be added or removed from this list based on clinical review of the medication's intended purpose and its availability.

HOW TO USETHIS LIST:

Generic drugs are listed in lower case letters, example: atenolol. Generic medications contain the same active ingredients as their corresponding brand-name counterparts; though they may look different in shape and color, they have been FDA-approved under the same strict standards.

Brand-name drugs are listed in CAPITAL letters, example: NOVOLOG. When brand-name drugs lose their patents and become available generically, only the generic equivalent will be eligible under this preventive benefit.

ASTHMA		
ADVAIR DISKUS	fluticasone propionate-salmeterol inh	SPIRIVA
ADVAIR HFA	ipratropium soln	SPIRIVA RESPIMAT
ASMANEX	ipratropium-albuterol soln	SYMBICORT
ASMANEX HFA	levalbuterol	terbutaline
budesonide susp	metaproterenol	theophylline
COMBIVENT RESPIMAT	montelukast	theophylline ER
cromolyn sodium soln	PULMICORT INH	zafirlukast
FLOVENT DISKUS	QVAR	
FLOVENT HFA	SEREVENT	
BLOOD PRESSURE-LOWERING MEDICATIONS		
ACE Inhibitors & Diuretic Combinations		
benazepril	fosinopril-HCTZ	quinapril
benazepril-HCTZ	lisinopril	quinapril-HCTZ
captopril	lisinopril-HCTZ	ramipril
captopril-HCTZ	moexipril	trandolapril
enalapril	moexipril-HCTZ	
enalapril-HCTZ	olmesartan medoxomil	
fosinopril	olmesartan medoxomil-HCTZ	
Angiotensin Receptor & Diuretic Combinations		
candesartan	irbesartan-HCTZ	telmisartan-HCTZ
candesartan-HCTZ	losartan	valsartan
eprosartan	Iosartan-HCTZ	valsartan-HCTZ
irbesartan	telmisartan	

THIS LIST IS SUBJECT TO CHANGE.

Effective Date 01/01/18

Check your benefit materials for cost-share information.

For specific questions regarding your coverage, please call the phone number printed on your member ID card.

labetalol	propranolol
	propranol SR
	propranolol-HCTZ
	sotalol
 	sotalol AF
	timolol
pindoloi	
diltiazem SR	nifedipine osmotic
	nisoldipine
	verapamil
	verapamil CR
	verapamil SR
imodipino zit	
enlerenone	metolazone
·	spironolactone
1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	spironolactone-HCTZ
	torsemide
· ·	triamterene-HCTZ
	methyldopa-HCTZ
	minoxidil
	telmisartan-amlodipine
0	trandolapril-verapamil
	tranaorapin-verapanin
Пентунора	
clonidogrel	pentoxifylline
	warfarin
	Wallalli
	simvastatin
	rosuvastatin
pravastatiii	Tosavastatiii
ezetimihe	fenofibrate
	fenofibrate, micronized
	gemfibrozil
Terioribrie dela	gennibrozii
LANTUS	repaglinide
I EVEMIR	SYMI INPEN
LEVEMIR metformin	SYMLINPEN
metformin	tolazamide
metformin ER	tolazamide TRESIBA
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